

DORIS MALOY TAX COLLECTOR - P. O. BOX 1835 - TALLAHASSEE, FLORIDA 32302

APPLICATION FOR LEON COUNTY BUSINESS REGISTRATION CERTIFICATE

Please Print or Type

CHECK ONE: ☐ Original Application☐ Transfer/Correction of Existing Certificate
Existing Account # _____1) _____
TRADE NAME OR INDIVIDUAL PROFESSIONAL - INDIVIDUAL CONTRACTOR (Registered or Certified)2) _____
OWNER OR FIRM NAME IF INDIVIDUAL PROFESSIONAL - COMPANY NAME OF INDIVIDUAL CONTRACTOR3) MAILING ADDRESS: _____
Street or P.O. Box Suite, Apt. # City State Zip

4) TELEPHONE: Business: () _____ Home: () _____

(LOCATION CAN NOT BE OUTSIDE OF LEON COUNTY OR A P.O. BOX NUMBER ADDRESS)5) LOCATION: _____
Street Suite, Apt. # City State ZipWithin City Limits? ☐ Yes ☐ No If Yes, City License # _____

6) OPENING DATE OF BUSINESS, DATE BUSINESS ASSUMED OR RELOCATED OR EMPLOYMENT DATE: _____

7) CERTIFICATION OR STATE BOARD # _____ (Contractors, Professionals, etc. - **ATTACH PROOF**)8) NATURE OF BUSINESS _____
(Specify/Describe Activity, Type)

9) FEDERAL I.D. # _____ or Social Security # _____

10) FLORIDA SALES TAX REGISTRATION # _____ (If Applicable)

11) **FICTITIOUS NAME:** I HEREBY ATTEST THAT I HAVE REGISTERED MY BUSINESS WITH THE **FLORIDA** SECRETARY OF STATE, AND HAVE ATTACHED SAME HERETO, OR AM EXEMPT FOR ONE OF THE FOLLOWING:

- ☐ Business is incorporated and registered with the Florida Secretary of State
- ☐ Exempt due to being licensed by the Florida Department of Business & Professional Regulation
- ☐ Attorney licensed to practice law in Florida
- ☐ Business name is a registered trademark
- ☐ Single owner doing business under my legal name (FIRST AND LAST NAME)

12) **I UNDERSTAND THAT THE ISSUANCE OF THIS REGISTRATION CERTIFICATE WILL NOT LEGALIZE THE OPERATION OF A BUSINESS THAT IS IN VIOLATION OF ZONING LAW, OR ANY OTHER LEGAL REQUIREMENT. I HEREBY DECLARE THE FOLLOWING STATEMENTS AND ALL INFORMATION PROVIDED BY ME THIS REGISTRATION CERTIFICATE TO BE TRUE.**

- *** ☐ This business will be operated in a home. I have been provided, read and understand Chapter 10, Section 10-1103 (c) of the Leon County Code of Laws defining home occupation. This business is in full compliance with the provisions of this section.
- ☐ This business will not be operated in a home.

13) APPLICANT'S SIGNATURE _____ DATE _____
please print then sign**DO NOT WRITE IN THIS BLOCK TAX COLLECTORS USE**

Account # _____	CODE _____	AMOUNT _____	Full Year <input type="checkbox"/> Half Year <input type="checkbox"/>	Transfer-Ownership <input type="checkbox"/>	Name <input type="checkbox"/>
Exempt Code _____	CLASSIFICATION _____	_____	Location <input type="checkbox"/>	Mail <input type="checkbox"/>	
By _____	_____	_____			REGIS. AMT. _____
(initials) (Date Issued)	_____	_____			PRIOR YR AMT. _____
	_____	_____			PENALTY AMT. _____
<input type="checkbox"/> Advised of T. P. P. _____ (Acct. #)	_____	_____			TRANSFER \$3.00 Per Type (If checked above)
	SUB TOTAL	\$ _____			TOTAL DUE \$ _____

INSTRUCTIONS: _____